

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

23780

1. PLACE OF DEATH

County Marion
Township Warren
City Warren (No.)

Registration District No. 552
Primary Registration District No. 3745

File No. 10
Registered No. Ward

2. FULL NAME Elizabeth Jane Vanlandingham

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 3 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF John W. Vanlandingham (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1862

7. AGE YEARS 71 MONTHS 3 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Marion County (STATE OR COUNTRY) Missouri

13. NAME Silas Crane

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

15. MAIDEN NAME Matilda Pemberton

16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

17. INFORMANT Nellie Vanlandingham (ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crane Cemetery DATE 7/4/33

19. UNDERTAKER James B. Brown (ADDRESS) Palmyra, Mo.

20. FILED July 3, 1933 Mrs. Alta V. Wagner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to July 1, 1933
I last saw him alive on July 1, 1933. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 2 yrs.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dr. Roscoe M. D.
(Address) Hannibal, Mo.

